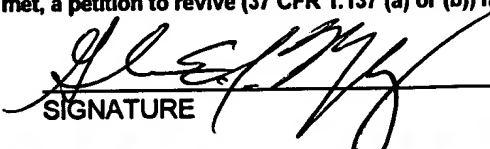


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| Form PTO-1390 (Rev. 5-93) | | US DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | | ATTORNEY'S DOCKET NO. H 3763 PCT/US | |
| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371 | | | | U.S. APPLICATION NO. (if known) 09/868379 | |
| INTERNATIONAL APPLICATION NO. PCT/EP99/09683 | | INTERNATIONAL FILING DATE December 9, 1999 | | PRIORITY DATE CLAIMED December 18, 1998 | |
| TITLE OF INVENTION FINE SUSPENSIONS OF POORLY SOLUBLE CALCIUM SALTS AND THEIR USE IN DENTAL CARE PRODUCTS | | | | | |
| APPLICANT(S) FOR DO/EO/US Christian KROPF, Ulrike BRUENINGHAUS, Amergio PASTURA, Michael MEINDERS, Peter WUELKNITZ, Rolf HEMPELMANN and Marcel ROTH | | | | | |
| Applicant herewith submits to the United States Designated/Elected Office (EO/DO/US) the following items and other information: | | | | | |
| <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. 2. <input type="checkbox"/> This a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. 3. <input type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39 (1). 4. <input checked="" type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date. 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)). <ol style="list-style-type: none"> a. <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau). b. <input checked="" type="checkbox"/> has been transmitted by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). 6. <input checked="" type="checkbox"/> A translation of the International Application into English (35 U.S.C. 371(c)(2)). 7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ol style="list-style-type: none"> a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau). b. <input type="checkbox"/> have been transmitted by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input checked="" type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). 10. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). | | | | | |
| Items 11. to 16. below concern other document(s) or information included: | | | | | |
| <ol style="list-style-type: none"> 11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. <input checked="" type="checkbox"/> A FIRST preliminary amendment <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment. 14. <input type="checkbox"/> A substitute specification. 15. <input type="checkbox"/> A change of power of attorney and/or address letter. 16. <input type="checkbox"/> Other items or information.: | | | | | |
| "Express Mail" mailing label number <u>EL 615775936 US</u> | | | | | |

| U.S. Application No. 097868379 (show see CFR 1.301) | INTERNATIONAL APPLICATION NO. PCT/EP99/09683 | ATTORNEY'S DOCKET NUMBER H 3763 PCT/US | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 17. ■ The following fees are submitted: Basic National Fee (37 CFR 1.492(a)(1)-(5)): Search Report has been prepared by the EPO or JPO..... \$860.00 International preliminary examination fee paid to USPTO (37CFR 1.482) \$670.00 No international preliminary examination fee paid to USPTO (37 CFR 1.482) but international search fee paid to USPTO (37CFR 1.445(a)(2))..... \$690.00 Neither international preliminary examination fee (37CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO..... \$970.00 International preliminary examination fee paid to USPTO (37CFR 1.482) and all claims satisfied provisions of PCT Article 33(2)-(4)..... \$96.00 ENTER APPROPRIATE BASIC FEE AMOUNT = | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CALCULATIONS</th> <th style="text-align: center;">PT</th> <th style="text-align: center;">USE</th> <th style="text-align: center;">NLY</th> </tr> <tr> <td style="text-align: right;">\$ 860</td> <td style="text-align: center;">00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">\$ 80</td> <td style="text-align: center;">00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">\$ 940</td> <td style="text-align: center;">00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">\$ 940</td> <td style="text-align: center;">00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">\$ 940</td> <td style="text-align: center;">00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">\$ 940</td> <td style="text-align: center;">00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">\$ 940.00</td> <td style="text-align: center;">00</td> <td></td> <td></td> </tr> </table> | CALCULATIONS | PT | USE | NLY | \$ 860 | 00 | | | \$ 0 | 00 | | | \$ 0 | 00 | | | \$ 80 | 00 | | | \$ 0 | 00 | | | \$ 940 | 00 | | | \$ 0 | 00 | | | \$ 940 | 00 | | | \$ 0 | 00 | | | \$ 940 | 00 | | | \$ 0 | 00 | | | \$ 940 | 00 | | | \$ 0 | 00 | | | \$ 940.00 | 00 | | |
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| Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date 37 (CFR 1.492(e)). | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">00</td> </tr> </table> | \$ 0 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Claims</th> <th style="text-align: center;">Number filed</th> <th style="text-align: center;">Number Extra</th> <th style="text-align: center;">Rate</th> </tr> <tr> <td style="text-align: right;">Total Claims</td> <td style="text-align: center;">7 - 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0 X \$18.00</td> </tr> <tr> <td style="text-align: right;">Independent Claims</td> <td style="text-align: center;">4 - 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0 X \$80.00</td> </tr> <tr> <td colspan="2" style="text-align: right;">Multiple dependent claims (s)(if applicable)</td> <td style="text-align: center;">0</td> <td style="text-align: center;">+ \$270.00</td> </tr> </table> | Claims | Number filed | Number Extra | Rate | Total Claims | 7 - 20 = | 0 | 0 X \$18.00 | Independent Claims | 4 - 3 = | 0 | 0 X \$80.00 | Multiple dependent claims (s)(if applicable) | | 0 | + \$270.00 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">00</td> </tr> <tr> <td style="text-align: right;">\$ 940</td> <td style="text-align: center;">00</td> </tr> <tr> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">00</td> </tr> <tr> <td style="text-align: right;">\$ 940</td> <td style="text-align: center;">00</td> </tr> <tr> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">00</td> </tr> <tr> <td style="text-align: right;">\$ 940</td> <td style="text-align: center;">00</td> </tr> <tr> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">00</td> </tr> <tr> <td style="text-align: right;">\$ 940</td> <td style="text-align: center;">00</td> </tr> <tr> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">00</td> </tr> <tr> <td style="text-align: right;">\$ 940</td> <td style="text-align: center;">00</td> </tr> </table> | | \$ 0 | 00 | \$ 940 | 00 | \$ 0 | 00 | \$ 940 | 00 | \$ 0 | 00 | \$ 940 | 00 | \$ 0 | 00 | \$ 940 | 00 | \$ 0 | 00 | \$ 940 | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
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| Total Claims | 7 - 20 = | 0 | 0 X \$18.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Reduction by 1/4 for filing by small entity, if applicable. Verified Small Entity statement must also be filed. (Note 37 CFR 1.9, 1.27, 1.28). | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">00</td> </tr> </table> | \$ 0 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Processing fee of \$130.00 for furnishing the English translation later the <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37CFR 1.492(f)). | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">00</td> </tr> </table> | \$ 0 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">00</td> </tr> </table> | \$ 0 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed. b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>01-1250</u> in the amount of <u>\$940.00</u> to cover the above fees. A triplicate copy of this sheet is enclosed. Order No. <u>01-0461</u> . c. <input checked="" type="checkbox"/> The Assistant Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>01-1250</u> . A triplicate copy of this sheet is enclosed. NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status. | | Amount to be: refunded \$ _____ charged \$940.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEND ALL CORRESPONDENCE TO: Henkel Corporation, Law Dept. 2500 Renaissance Blvd, Suite 200 Gulph Mills, PA 19406 | | SIGNATURE  Glenn E. J. Murphy NAME ATTORNEY FOR APPLICANT 33.539 REGISTRATION NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |